

HOUSTON INDEPENDENT SCHOOL DISTRICT

Private/Religious/Home School Consultation Form Individual Child Needs 2016 - 2017

Complete **ONLY** for a child enrolled in a school that has certified it meets the federal and state definitions of a private, religious, or home school

- 1) who has been evaluated by a public school (or has had a private evaluation accepted by the public school); and
- 2) who has had that disability as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) established by an public school ARD (Admission, Review and Dismissal) Committee; and
- 3) whose parents have declined FAPE (a free and appropriate public education) in the public school and have voluntarily enrolled their child in a private, religious, or home school within the jurisdiction of the Houston Independent School District.

This form must be fully completed for a child to be considered for services from the district. Incomplete forms will be returned. For assistance in completing the form, you may contact Suzanne Chamberlain, Program Specialist, Team Lead, Compliance, 713-556-7063

Private School Name: _____
Address: _____ (ZIP) _____
School Administrator: _____
Phone Number: _____ E-mail Address _____
Child's Home School District: _____
Child's Home Campus: _____
Child's Parent/s: _____ E-mail Address _____

Name of Child	Date of Birth	Age on September 1, 2016 _____ Male _____ Female _____
Address (w ZIP)	Phone Number	2016 - 2017 Grade
Latest Public School Evaluation* Date: _____	Latest ARD Committee Meeting* Date: _____	IDEA Identified Disability** (must be listed below)
District: _____	District: _____	

*A student must have a current public school evaluation (within three years) and initial ARD committee meeting in order to establish eligibility for special education services.

**Disabilities covered by IDEA 2004 include autism, auditory impairment, deaf/blindness, emotional disturbance, learning disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, speech impairment, traumatic brain injury, visual impairment, and 3 - 5 year old non-categorical early childhood disability.

Evaluations Other Than by a Public School:

Type: _____ Date: _____
Results: _____

Type: _____ Date: _____
Results: _____

Services Child has previously received for the disability:

Location: _____

Nature of Service: _____

Name of Certified Service Provider: _____

Present Level of Instruction

Does the child participate in the grade-level curriculum provided to nondisabled students in the following areas of instruction?

Reading: _____ Language Arts: _____ Math: _____ Written Language: _____

Science: _____ Social Studies: _____

How does the identified disability affect the child's ability to be involved and progress in the general curriculum?

On what grade level does the student currently function in the following areas of instruction?

Reading: _____ Language Arts: _____ Math: _____ Written Language: _____

Science: _____ Social Studies: _____

Participation in District Services

Do you recommend this child for participation in the District's special education services?

___Yes ___No.

If yes, please indicate recommended services: (Examples: Speech Therapy, Brain Pop, Consultation, Staff Development)

If the service you have recommended is provided, is there any reason the child's behavior may interfere with the delivery service? ___Yes ___No. If Yes, please explain:

Does this child have limited English proficiency? ___Yes ___No. If yes, please explain how this could interfere with the delivery of the service you have recommended:

Is this child blind or visually impaired? ___Yes ___No. If yes, please describe the child's instruction in and use of Braille:

Is this child deaf or hard of hearing? ___Yes ___No. If yes, please describe the language and communication needs of the child:

Has a public school evaluation documented this child needs equipment or technology to benefit from the service you have recommended? ___Yes ___No. If yes, please explain why the equipment or technology is needed and what type of equipment or technology is needed:

Parent Authorization:

If services are requested, please complete the following:

_____ I would like my child to be considered for participation in the Houston Independent School District's (HISD's) special education program for private school students with disabilities during the 2016 - 2017 school year.

I understand if my child is designated to participate, a representative of my child's private school and I will be invited to attend a meeting to develop a Services Plan for my child. I also understand if my child was evaluated and identified as a child with a disability in a district other than HISD, I will provide copies of the latest FIE (full and individual evaluation), and the record of the latest ARD (Admission, Review and Dismissal) committee meeting.

I consent and authorize HISD, its administrators, teachers, and agents and my child's/ward's private school, its administrators, teachers, and agents to share and disclose student information and records in written and oral form related to my child/ward for purposes of consultation in determining whether my child/ward will be designated to participate in the district's special education services and in the provision of services.

I understand if special education services are provided to my child, information about my child will be entered into the HISD Student Information System (SIS/CHANCERY) and into the Texas Education Agency's (TEA's) Public Education Information Management System (PEIMS) as required by TEA.

Parent Signature

Date

Address

Home Phone

Private School Administrator Signature

Date

If services are NOT requested, please complete the following:

_____ I do not wish for my child to be considered for participation in the special education program in HISD during the 2016 - 2017 school year.

Parent Signature

Date

MAIL OR DELIVER FORM TO: PRIVATE SCHOOL SERVICES, OFFICE OF SPECIAL EDUCATION SERVICES,
HOUSTON INDEPENDENT SCHOOL DISTRICT, 4400 WEST 18TH STREET, HOUSTON, TEXAS, 77092-8501
Attention: Suzanne Chamberlain
FAX FORM TO: 713-556-7099, HISD OFFICE OF SPECIAL EDUCATION SERVICES, ATTENTION: Suzanne
Chamberlain, Private School Services
SCAN FORM TO: schambe4@houstonisd.org

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES
2016-2017 PRIVATE SCHOOL SERVICES**

THE FOLLOWING WILL APPLY TO ALL PRIVATE SCHOOL SERVICES IN 2016 – 2017:

- ▶ Services will be provided from Tuesday, September 6, 2016, through Friday, May 5, 2017.
- ▶ Requests for services for the 2016 – 2017 school year will be processed until March 10, 2017, or until proportionate share funds are depleted. After that date, only requests for services for the 2017 – 2018 school year will be considered.
- ▶ Services will be provided on a schedule determined by Houston ISD (HISD) and will be based on the 2016 – 2017 HISD school year calendar.
- ▶ Services provided will be based on the child's current public school evaluation and ARD/IEP meeting record. The district will review the evaluation submitted for a child evaluated by a school district other than HISD and services will be based on eligibility as determined by HISD guidelines.

SPEECH THERAPY

- ▶ Type of speech therapy and frequency, location, and duration of speech therapy sessions will be determined at the individual services plan meeting based on the needs of each private school child as recommended by the private school speech therapist. Services will be provided at the private school.

LD/OHI/ED/OI/MR/AU/VI/AI/TBI/NCEC

- ▶ Staff Development – Upon written request, private school personnel providing direct instruction to the child in areas related to the identified disability may attend staff development opportunities at: 1) Harris County Department of Education and/or 2) Region 4 Education Service Center. A child's parent/s may attend with school personnel if requested by the private school. The private school/parent shall complete and submit the Region 4 or Harris County Department of Education staff development registration form to the Office of Special Education Services, along with the name of the student receiving instruction from the applicant at the private school. Requests must be received six weeks prior to session dates to ensure adequate time for processing registration.
- ▶ Staff Consult with HISD Special Education Teacher – Upon written request, private school staff providing direct instruction to the student in areas related to the identified disability may request a consultation with an HISD special education teacher. The request must be made in writing and submitted to the Office of Special Education Services.

ALL STUDENTS

Brain POP- Upon written request, students will be given a username and password to access BrainPOP, an online, animated, curriculum-based content resource that supports educators and engages students in school, at home, and on mobile devices. BrainPOP includes movies, quizzes, games, mobile apps, experiments, and activities covering hundreds of topics within math, science, social studies, English, technology, arts, music, and health. All content is aligned to and searchable by state standards.

OCCUPATIONAL THERAPY/PHYSICAL THERAPY SERVICES

- ▶ Staff Consult with HISD Occupational or Physical Therapist will be provided for students with a current public school OT or PT evaluation as recommended by the ARD/IEP committee documenting that the child will receive OT/PT services in the public school.

ASSISTIVE TECHNOLOGY

- ▶ Assistive Technology Devices/Equipment – Assistive technology equipment or devices will be provided for students with a current public school AT evaluation as recommended by the ARD/IEP committee documenting that the child will receive AT devices/equipment in the public school.